



# ***Crossing Boundaries & Building Bridges for Community & Regional Preparedness***

Thursday, April 21, 2005  
*Dutchess County, NY*  
*Medical Reserve Corps*



# Presentation Objectives

Within the context of the Dutchess County NY MRC and other work of the Northern Metropolitan Hospital Association, we intend to:

- Review missions of response partners to better understand similarities and differences in their approach;
- Identify topics that present opportunities to develop meaningful, strategic partnerships;
- Share approaches that have helped to reduce barriers to collaboration and improve preparedness;
- Convey the critical importance of involving hospitals in planning preparedness and volunteer initiatives; and
- Share a vision for how multiple volunteer registries could – and must - compliment each other in a region of NY.



# Medical Reserve Corps in Dutchess County

- Objective of our MRC demonstration grant: To build an organized group of individuals who are trained to support existing medical response professionals & facilities in their response to a large scale disaster
- A demonstration project that is:
  - Directed by: Northern Metropolitan Health Care Foundation
  - Funded in part by the US Department of Health & Human Services, through the Office of the Surgeon General
  - A program of the US Citizen Corps
  - Based on needs of local Founding Partners



# Northern Metropolitan Hospital Association & Health Care Foundation

- 32 member hospitals
  - Represent members' shared needs regarding provision of quality health care
  - Work with county, state and federal officials
  - Disaster preparedness for over a decade prior to September 11, 2001: NDMS, RACES
  - 2.2 million residents in rural and metro areas; 5,000 square miles geography
  - 23 associate members (LTC, HHC, Group Pract.)
- Roles of NorMet in MRC: grantee; directs program; leads recruitment & training; connects partners



# Founding Partners~Dutchess MRC

*County Executive's Office*

*County Departments of Health, Emergency  
Response, & Mental Hygiene*

*American Red Cross*

*Hudson Valley VA Healthcare System*

*St. Francis Hospital*

*Northern Dutchess Hospital*

*Vassar Brothers Medical Center*

*Northern Metropolitan Hospital Association &  
Healthcare Foundation*



## Founding Partners' Missions: Emergency Response/Services

*“To enhance the quality of life of every person... by providing comprehensive training for fire & Emergency Medical Services personnel, and in the training & operation of Hazardous Material Response Team.”*



## Founding Partners' Missions: Public Health

*“... to protect and promote the health of individuals, families, communities and our environment. We are committed to the core function of public health, assessment, assurance and policy development.”*

*Program areas: Flu and pneumonia clinics; adult and travel immunizations; childhood immunization; prenatal care; HIV/AIDS; STDs; tuberculosis control. Environmental services: water laboratory; West Nile virus: to report a dead bird. Health education.*



## Founding Partners' Missions: Mental Health

*“... in fulfilling its commitment to ensure high quality patient care to the citizens... will continue to improve, refine and expand the mental hygiene system of care so that all in need have access to prevention, treatment and rehabilitation services.”*

*Program areas: Mental illness; Developmental disabilities, Chemical and alcohol dependencies; Project Liberty*





## Founding Partners' Missions: Hospitals

*“Regional medical center...trauma center...diversified health services. Our strong commitment to quality and service remains the driving force behind the exceptional health care...”*

*Program areas: cardiothoracic surgery center... neonatal intensive care...delivers more babies than...cancer center designed to accommodate patients and their families while providing infusion, radiation, stereotactic radiosurgery... support groups... dedicated pediatric unit... Advanced Surgery... Wound Care...Diabetes ... Orthopedics, Plastic surgery, behavioral health, trauma, and neuroscience...”*



## Founding Partners' Missions: American Red Cross

*“Part of a worldwide movement that offers neutral humanitarian care to the victims of war... also aiding victims of devastating natural disasters. ... Offers compassionate services in five other areas:*

- Community services that help the needy*
- Support and comfort for military members and their families,*
- Collection, processing & distribution of lifesaving blood and blood products;*
- Educational programs that promote health and safety;*
- International relief and development programs”*



## Founding Partners' Missions: NorMet

*“Specifically committed to helping health care facilities in the Hudson Valley to increase their operational effectiveness and better meet the public’s health care needs.”*

*Program areas: Government relations activities and advocacy; liaison with regulatory and health-related agencies; cost savings thru group purchasing; educational programs; research; dissemination of information to the public; emergency preparedness; quality of care initiatives.*



# Factors Impacting Collaborative Preparedness

- Organizational missions and responsibilities
- Experience/historical frame of reference
- Elected officials' promises to the electorate
- Home rule
- Citizens' needs
- Geographic territories
- Financial limitations



# Governmental Mandates & Populations' Requirements

- HRSA mandate: Hospitals surge to provide care for 500 patients per 1,000,000 population
  - Surge requirements expected to increase next year
  - Hospitals expected to close over the coming year
  - 1,000 bed surge in NorMet region alone
- CDC Mandate: Local departments of health expected to vaccinate or prophylax entire populations in 24-72 hours
- Population realities\*
  - < 5 yoa: 151,000
  - Disabled: 347,000
  - >75 yoa: 129,000
  - ESL: 188,000

\*Census 2000



# Redefining Readiness

- Only 2/5 AP would go to POD in smallpox scenario
- Only 3/5 AP would shelter in place per directive, in dirty bomb scenario
- WHY?
  - 2/5 seriously worried about governmental directives
  - 3/5 AP worried about vaccine AEs and research use
  - 3/4 AP worry about catching disease
  - 2/3 AP avoid being in same place as the ill/contaminated
  - 1/3 leave to take care of their children
  - 1/4 leave to care for other family member

\* Lasker RD. Redefining Readiness: Terrorism Planning through the Eyes of the Public – Appendix. New York, NY: The New York Academy of Medicine, 2004. ([www.ccash.org](http://www.ccash.org))



# Concrete Outcomes

- Competitive Hospitals:
  - Develop pre-disaster staffing plans for shared attending physicians
  - Share info on their perception of their abilities to:
    - Surge
    - Decontaminate
    - Quarantine
  - Recruit, train, and develop activation policies for MRC volunteers... and transition to governmental body....



# Community Partnerships & the MRC

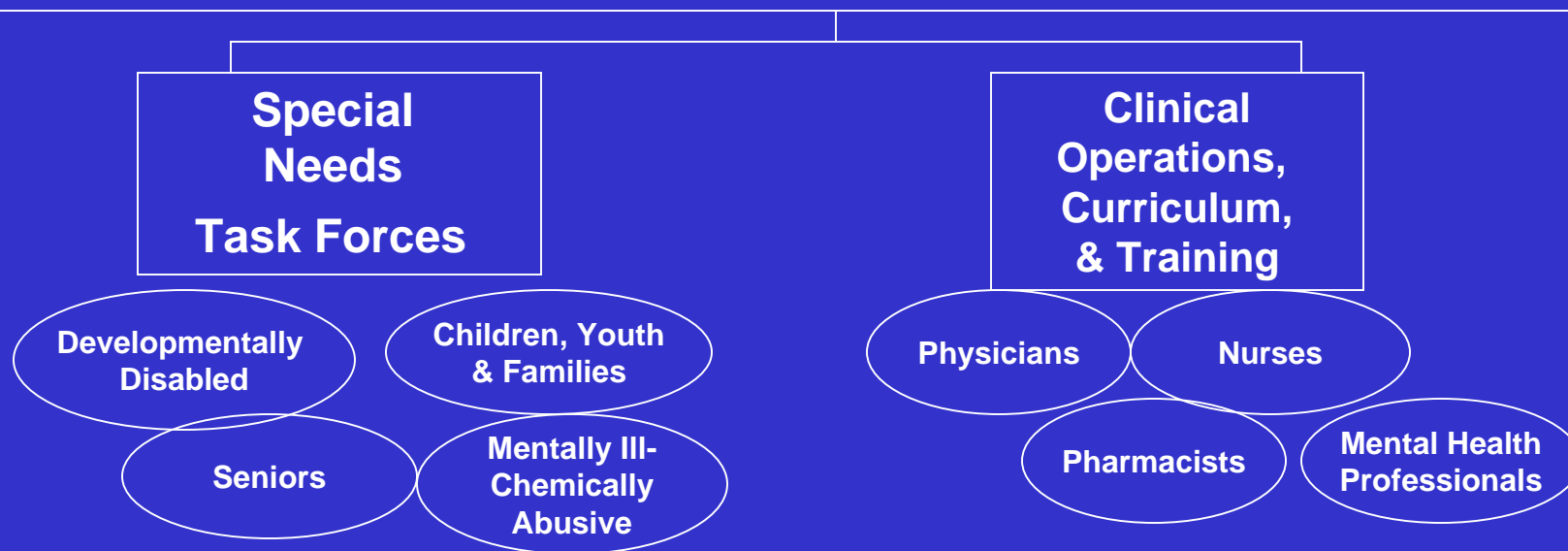
## Founding Partners Committee

*DC Executive, DC DOH, DC DER, DC DMH, NorMet*

*Northern Dutchess Hospital, St. Francis Hospital, Vassar Brothers Medical Center*

*VA Health System, American Red Cross*

*HV Pharmaceutical Society, Task Force Chairs*

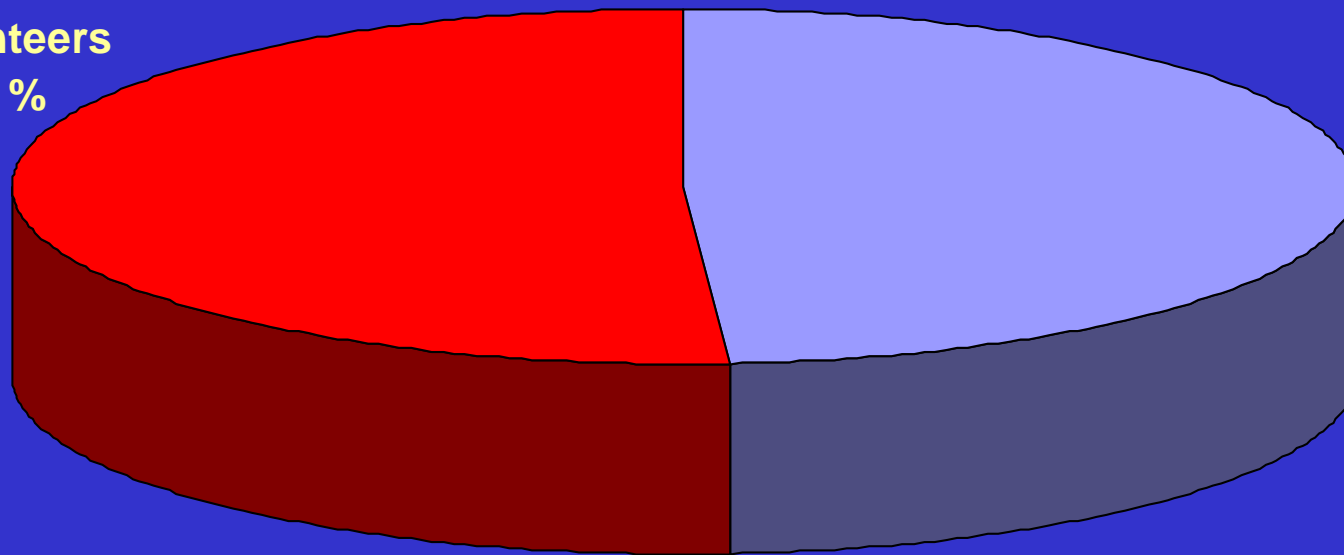






# Ratio of Health vs. Non-Health Volunteers

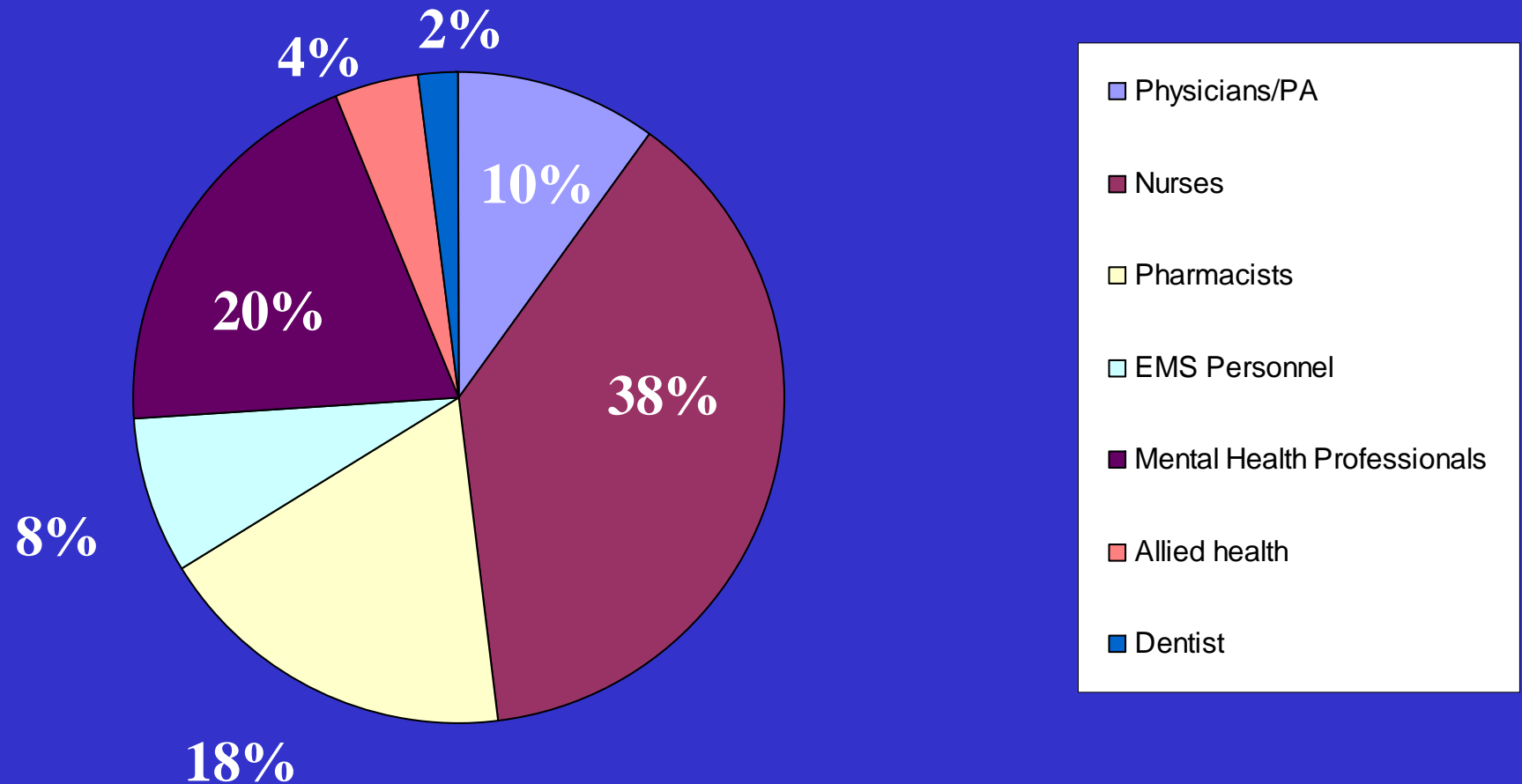
Non-Medical  
Volunteers  
51%



Medical Volunteers  
49%



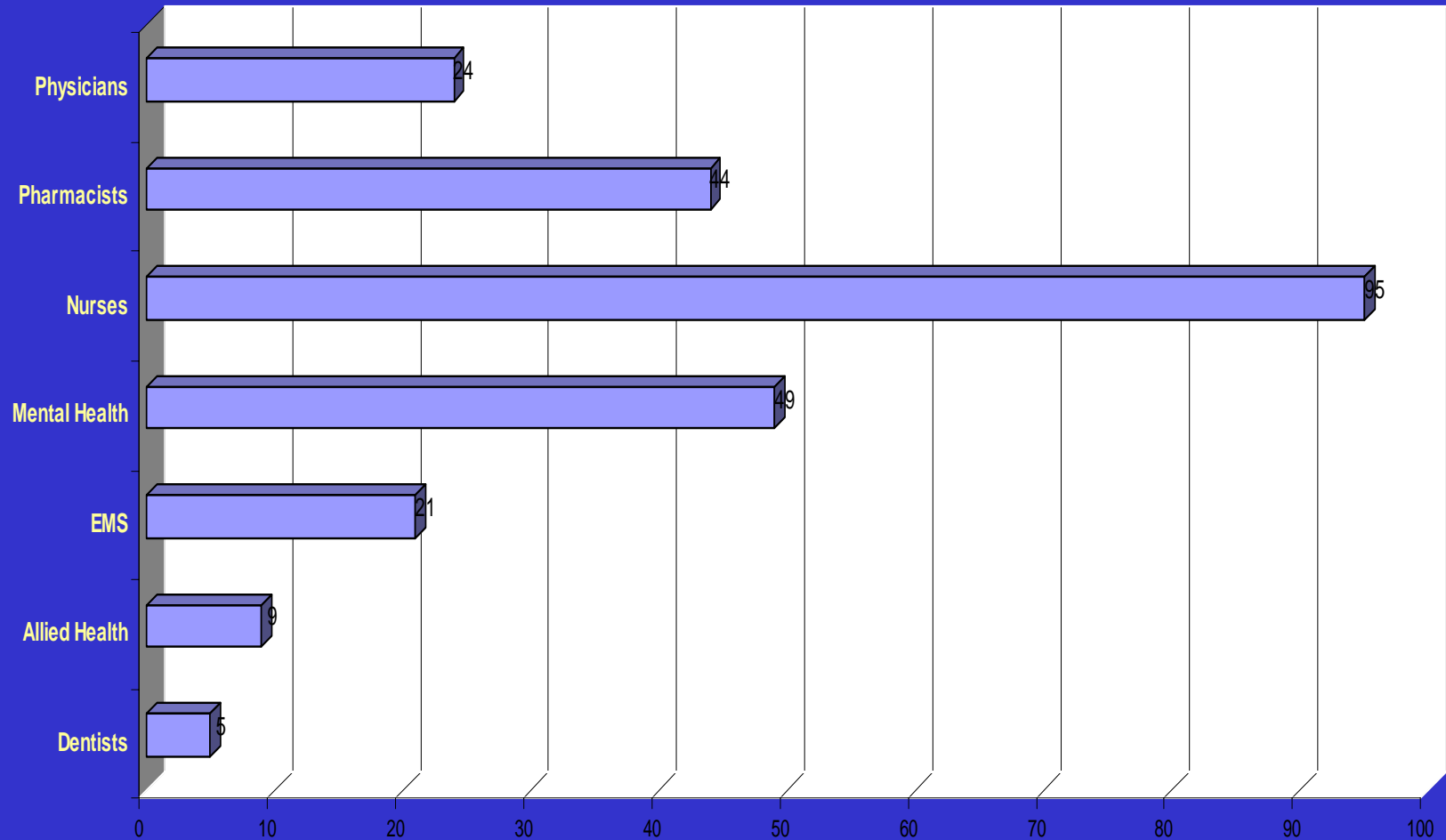
# Health-Related Volunteers In Dutchess MRC



N= 252



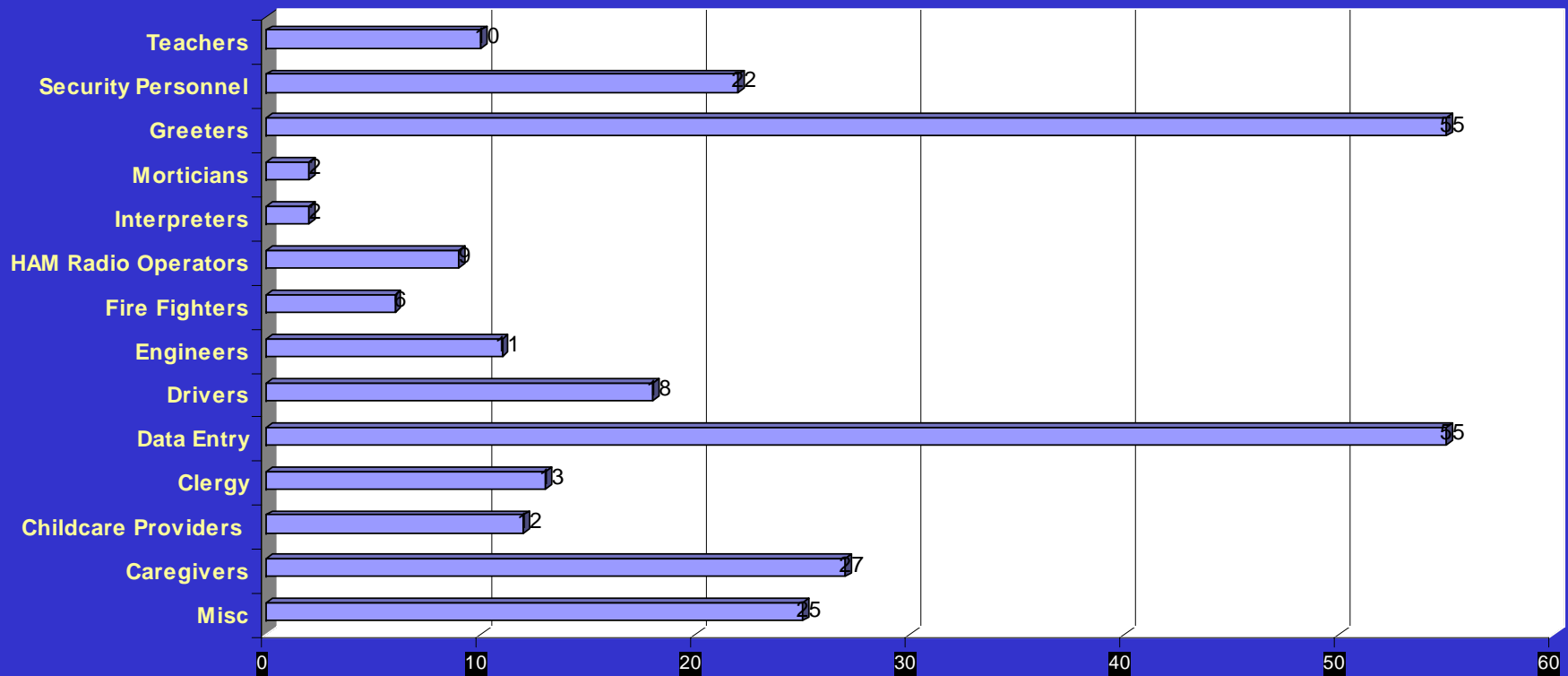
# Health-Related Volunteers in Dutchess County MRC



N=252; also (2 RPAs, 2 Pharmacy Techs, 1 Dental Assistant)



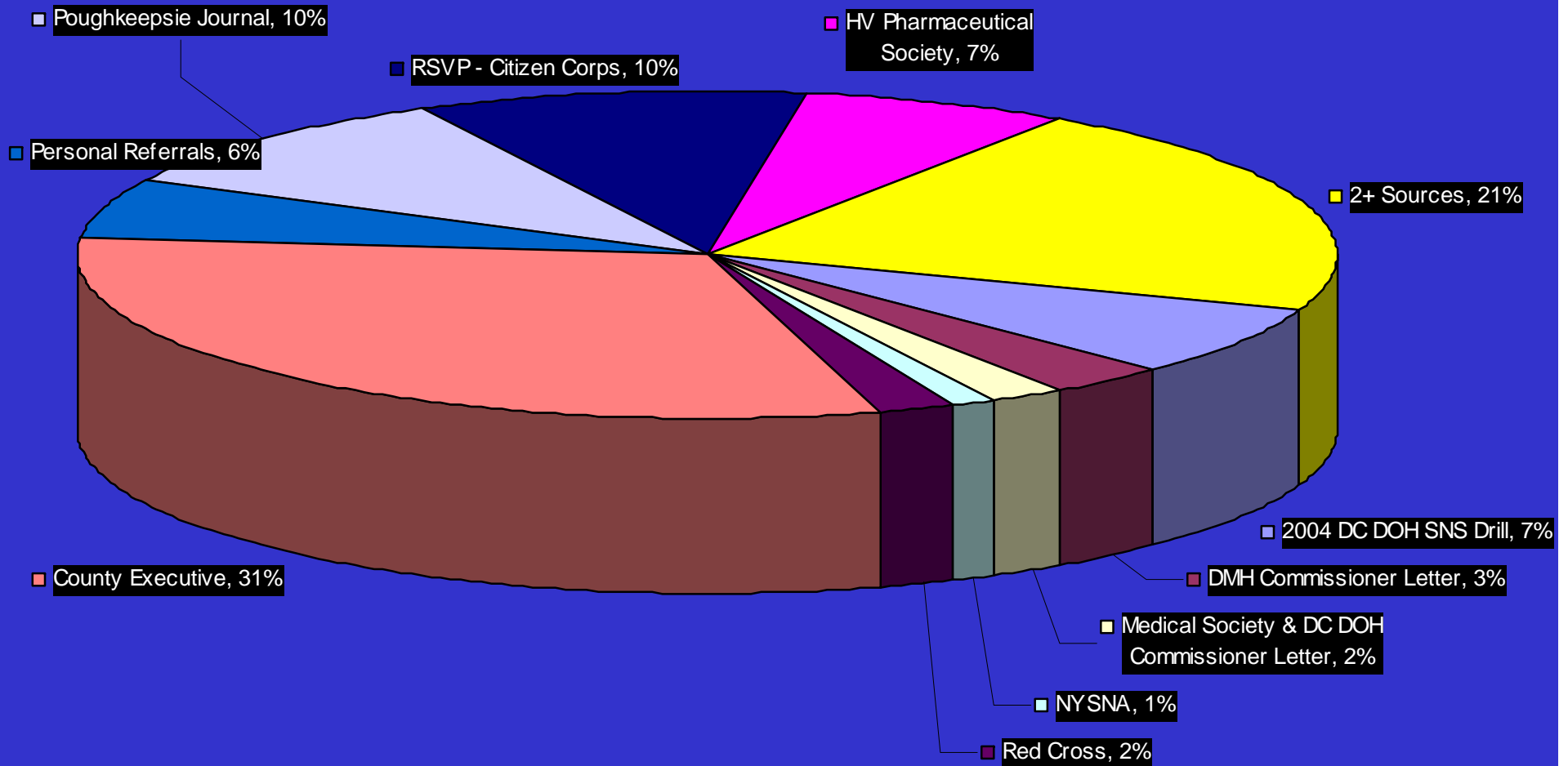
# Non-Health-Related Volunteers in Dutchess County MRC



N=267



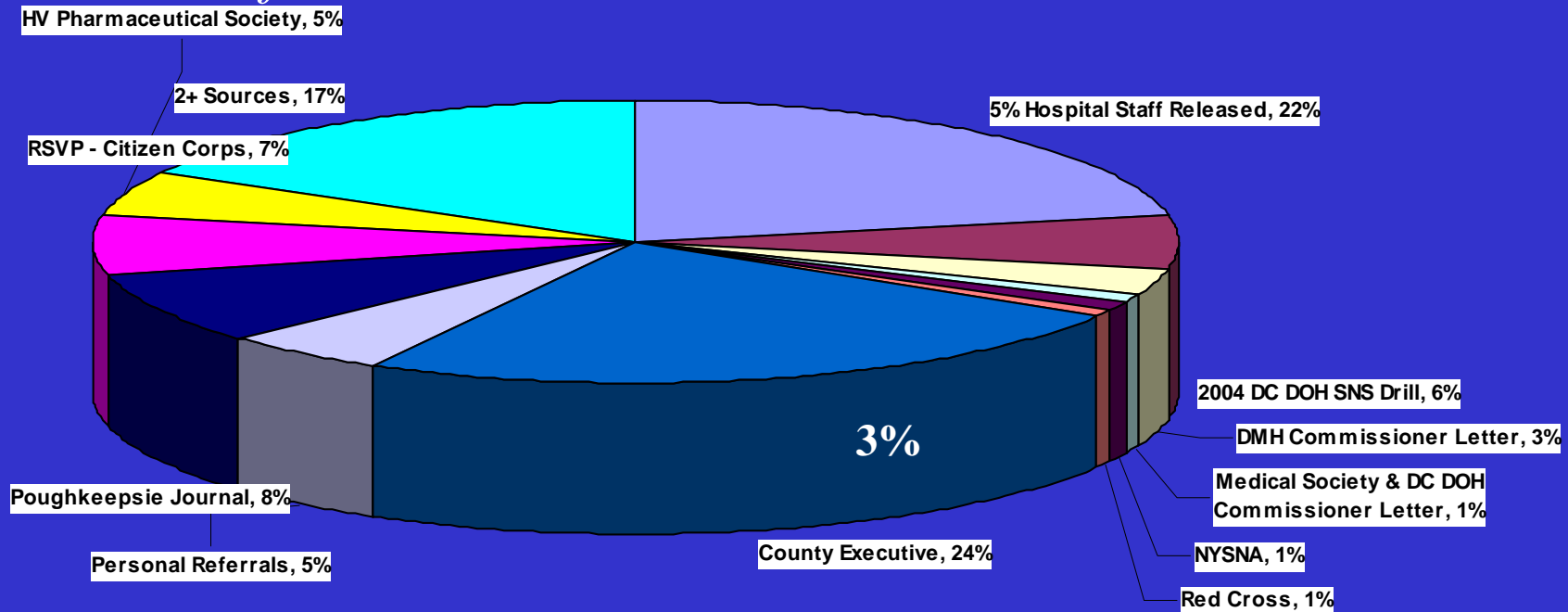
# Partners: Volunteer Recruitment Without Hospitals





# Partners-Volunteer Recruitment: Cooperative Release of Hospital Staff

*If 5% Hospital Staff Released,  
N Increases from 535 to 682 Volunteers.*





# Activation Procedure

- Activation headquartered at Emergency Operations Center
  - Decisions to activate teams will be based on input from various emergency response partners & agencies thru the unified command model
  - Unified command provides for noncompetitive accessing of resources
  - Follows ICS from administrative perspectives
    - Reports, plans
    - Job action sheets, job descriptions, beginning & end to assignments



## Activation of Hospital Staff

- Follows NYS DOH –AG guidance
- Only through discussion & agreement between hospital executive team & commissioner of health, at time of need
- Hospital resources must be protected during public health crisis
- MRC volunteers who are hospital staff/volunteers are:
  - Tagged in database
  - Likely to be excluded from call-up
  - Still notified of training & plans, as appropriate





# Activation Prior to Declared State of Emergency

- Scenario: Hospitals & EMS Systems overwhelmed, but not the public health system. Declaration uncertain
  - MRC activated thru Emergency Operations Center (EOC) by request of 1+ founding partners, thru unified command
  - Bring volunteers through hospital volunteer structure prior to disaster
  - Activated in teams to address specific needs
    - Within teams there are specialized individuals: MD, RN, RPh, Mental Health, childcare, food prep, data entry, etc.
    - Use team concept to employ continuity following Federal response plan and FEMA



# Activation with Declared State of Emergency

- Scenario: County Exec declares State of Emergency/Disaster
  - MRC activated through EOC
  - By request of one or more founding partners, through unified command
  - Activated in teams to address specific needs
    - Within teams there are specialized individuals: MD, RN, RPh, Mental Health, childcare, food prep, data entry, etc.
    - Use team concept to employ continuity following Federal response plan and FEMA



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